Exhibit 14

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
ATTN: Mr. Concepcion (Coki) Cruz 10903 New Hampshire Avenue, WO51 RM 4316 Silver Spring, MD 20993 Phone: (301)-796-3254 Fax: (301)-847-8738 Email: CDEROSIAB@fda.hhs.gov Industry Information: www.fda.gov/oc/industry	11/14/2016-11/18/2016
	FEI NUMBER 3003999190

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Mr. Jun Du, Executive Vice President

FIRM NAME	STREET ADDRESS
Zhejiang Huahai Pharmaceutical Co. Ltd	Xunqiao
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED
Linhai, Zhejiang 317024, China	Finished Dosage Drug and API Manufacturer

THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS, AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER AND ADDRESS ABOVE.

DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

OBSERVATION #1
Written procedures designed to prevent contamination of drug products purporting to be sterile are not followed.

1. During set-up and interventions using the RABS(b) (4) operators were observed to use the(b) (4) directly above sterile surfaces and components. For example, (b) (4) the stopper bowl and stoppers, and open vials at the(b) (4)

2. Interventions during filling operations have not been defined in procedures and were not documented in the (b) (4) submission batch records.

3. There is no preventive change frequency for the clean room RABS(b) (4)

4. No defect set of vials is maintained for training and qualification of the visual inspection process.

OBSERVATION #2
Failure to establish laboratory controls that include scientifically sound and appropriate specifications, standards, sampling plans, and test procedures designed to assure that drug products conform to appropriate standards of identity, strength, quality, and purity.

1. Assessments to establish environmental monitoring sampling points were not comprehensive. For example, they did not evaluate expanded sampling points or thoroughly evaluate common activities occurring in the clean room. Further, the environmental monitoring procedures did not define sampling locations with descriptions or diagrams to ensure reproducible sampling.

2. Environmental monitoring media for air, surface, and personnel monitoring does not contain any neutralizers for the disinfectants used in the clean room.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (*Print or Type*)	DATE ISSUED
	Justin A. Boyd Peter E. Baker	Justin A. Boyd, Investigator Peter E. Baker, Investigator	11/18/2016

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3. During open door interventions, environmental monitoring is not performed. For example, non-viable particle counts, active air monitoring, or settle plates is discontinued during open door interventions.

4. Monitoring of the unfiltered bulk compounded batch does not include evaluation for endotoxin and the samples are collected at least (b) (4) prior to the start of (b) (4)

5. There is a lack of scientific rationale for the establishment of the parameters for the RABS (b) (4) integrity test of (b) (4) pressure hold time between (b) (4) (b) (4) Pa and greater than (b) (4) Pa drop in pressure.

6. Limits on reject types are not established in the visual inspection procedures.

OBSERVATION #3
Processing areas are deficient regarding the system for cleaning and disinfecting the equipment.

1. The (b) (4) ducts of the (b) (4) are not periodically inspected and cleaned. On 18 November 2016, the (b) (4) duct for (b) (4) GJC008 was observed to have unidentified white dust on the inner surfaces of the (b) (4) duct.

2 (b) (4) of the filling room is done (b) (4) to control spores with a (b) (4) (b) (4) solution. The validation of the (b) (4) process did not include placement of biological indicators in hard to reach areas, such as in RABS (b) (4) areas that may be blocked by equipment, high areas or low areas.

3. Disinfectant efficacy studies did not evaluate the effectiveness on (b) (4) used for the RABS (b) (4) or (b) (4) (b) (4) used as (b) (4) parts for the filling line. During execution of the studies the challenged surfaces were physically wiped preventing evaluation of the effectiveness of the disinfectant that is sprayed.

4. Transfer of the filling machine (b) (4) parts from their storage in unclassified areas to the Grade A areas was not evaluated in the validation "Efficiency Qualification of Material Transferring by Non-Sterilization Method into Grade B".

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5. The following was observed during cleaning and disinfection of the cleanroom on 16 November 2016:

a. The operator did not always wipe unidirectionally or from top to bottom.

b. One bucket of WFI is used for mopping activities. The used mop head is placed back into the WFI and then reused two times.

OBSERVATION #4
Data is not recorded contemporaneously.

1. The "checked by" entries for batch (b) (4) of (b) (4) Tablets were not documented at the time of batch production.

2. The QC analyst responsible for environmental monitoring does not document sampling at the time it occurs. It was reported the analyst remembers the times and documents all at once after finishing.

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